

Olmstead Mental Health Grant

This initiative addresses barriers and recommendations at the national and state levels in support of integrated services for persons with mental illness. *"In a consumer- and family-driven system, consumers choose their own programs and the providers that will help them most. Their needs and preferences drive the policy and financing decisions that affect them. Care is consumer-centered, with providers working in full partnership with the consumers they serve to develop individualized plans of care."*¹



Division of Mental Health and Addiction

Purpose: The primary objective of this initiative is to assist states in developing and enhancing state coalitions addressing the Olmstead decision. The Substance Abuse and Mental Health Services Administration (SAMHSA), aided by a working group and technical assistance team, provides resources, materials, training, and technical assistance to coalitions. This support is intended to help these coalitions secure the investment of stakeholders, who will provide critical support and resources to assist individuals and families to obtain adequate housing, income, jobs, health and mental health treatment, and other necessary community supports.

Indiana Coalition under this grant is the Indiana Family and Social Services Administration's Division of Mental Health and Addiction Consumer Council, a subcommittee of the State Mental Health Planning Council.

Scope of Need: The Supreme Court ruling in the case of *Olmstead v. L.C.*, issued in June, 1999, stated that the unjustified institutionalization of people with disabilities is a form of discrimination under the Americans with Disabilities Act (ADA). According to the Court, when individuals with disabilities desire and are deemed appropriate for community placement by qualified professionals, and these individuals remain institutionalized, such unnecessary segregation may violate the ADA.

In connection with the Olmstead decision, the U.S. Department of Health and Human Services (HHS) has advised States and Territories to have effective plans for identifying residents of institutions who could be served effectively in more integrated community settings; to develop and implement these plans to ensure that all such residents are placed in the community at a reasonable pace; to identify how funds necessary to implement these plans could be obtained; and to take steps to obtain new resources, so that individuals may be moved off waiting lists at a reasonable pace. To that end, cross-disability coalitions have formed in many States and Territories to develop an integrated response to Olmstead. Throughout the country, there is an increasing effort by the mental health community to ensure that the needs of adults with serious mental illnesses and children with severe emotional disturbances are reflected in these efforts.

The Final Report of the President's New Freedom Commission on Mental Health (<http://www.mentalhealthcommission.gov/>) reinforced the goal of consumer-directed community integration as the key component of a strategy to fundamentally transform the delivery of mental health services in the United States. The goals and recommendations outlined by the Commission provide a framework for States and Territories to set priorities for new policies, programs, and practices and to eliminate unnecessary institutionalization.

What do we want to accomplish?

Eliminate barriers to community-based care:	Train stakeholders in skills to effectively advocate for systems change:
<ul style="list-style-type: none">• Lack of adequate income, education and employment opportunities• Lack of affordable and appropriate housing• Gaps in health care service systems• Community resistance to programs due to discrimination and stigma toward mental illness.	<ul style="list-style-type: none">• Self-Advocacy training• Leadership training• Mental Health Recovery including Wellness Recovery Action Planning curriculum• Recovery after long term institutionalization is possible.

Shared Values & Principles: Consumer Centered & Directed, Strength Based, Least Restrictive, Early Identification & Intervention, Coordinated, Individualized Plans Based on Needs, Open Access, Health and Safety, Monitor Outcomes

¹President's New Freedom Commission on Mental Health. (2003). Achieving the Promise: Transforming Mental Health Care in America.

Implementation:

SFY 01-03	SFY 04-06	SFY 07-09
<p>Held statewide Olmstead focus groups to identify barriers to community based care.</p> <p>Recruited consumer and family members to establish the DMHA Consumer Council SFY 2002.</p> <p>Began an Office of Consumer and Family Affairs e-mail distribution list to disseminate information on training and advocacy opportunities with over 100 stakeholders statewide.</p> <p>Provided training and involved persons in policy and planning task force activities on education, employment, housing and health care issues.</p> <p>Encouraged stakeholders to participate in the Governor's Commission on Home and Community Based Services 2002-2003</p> <p>Consumer Council Recovery Recommendations Project</p>	<p>Provided Self-Advocacy training on rights, problem solving and communication skills, self-advocacy on health health care, housing, employment, discrimination and stigma.</p> <p>Provided support to KEY Consumer Organization in planning and implementing an annual consumer Leadership Academy conference SFY 04,05,06</p> <p>Partnered with KEY Consumer Organization to offer training in Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP) which is becoming a best practice training for consumer self-help. Basic Training presented to families of children with serious emotional disturbance and adults with mental illness and addiction disorders and providers in the community, in the state hospital system and in the criminal justice system. Offered WRAP certified facilitator training to all of the state mental hospitals.</p> <p>Presented the film "Inside Outside: Building a Meaningful Life After the Hospital" (which tells the story of how eight people with very significant histories of institutionalization made the transition to recovery and community living) to consumers at all hospitals in SFY 2005, and had a panel of consumers who had been hospitalized and are now in the community talking about their recovery.</p>	<p>SAMHSA research results show that participants who were offered consumer-operated services in addition to traditional mental health services showed greater increases in well-being than control group participants over the study period. The most important ingredient of any consumer-run program is that its administration and primary activities are independent of provider organizations and that consumers control its board of directors, its staff, and its budget. This is the definition of consumer operated that SAMHSA used to determine whether a program qualified to participate in its 1998–2002 COSP study.</p> <p>A request for proposals will be put out each of the three years of the project, which will provide seed money for up to 8 local or regional Consumer Run Organizations. Those eligible to apply must be consumer controlled, and offer some of these core values and services for consumers: empowerment, consumer control, consumer choice, inclusiveness, collaboration, strengths based, trauma informed, mutual responsibility, peer support, Recovery, Advocacy, Leadership and Rights education, outreach and transportation. Up to eight establishment grants for \$2,000.00 per year will be awarded. Funding of \$500.00 will be dispersed quarterly, with a quarterly report required in order to obtain the next disbursement. This project will assist in improving access by engaging the hard to serve persons who are reluctant to engage in services. This project will improve and expand the peer specialist workforce in Indiana to provide more peer to peer supportive services which are research evidence based services.</p>

Partnerships and Collaborations with:

KEY Consumer Organization, National Alliance on Mental Illness, Mental Health America, Federation of Families for Children's Mental Health, Assertive Community Treatment Training Center, Systems Of Care, Supported Employment Consultation and Training Center, the Back Home in Indiana Housing Alliance. Technical Assistance and Consultation from the Bazelon Center for Mental Health Law

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